SUPPLEMENTAL APPLICATION DATA SHEET

Application Information

Application Number::

10/627,033

Filing Date::

07/24/03

Application Type::

Regular

Subject Matter::

Utility

Title::

System and Method for Detecting and Managing Fraud

Attorney Docket Number::

COS94041C1

Suggested Drawing Figure::

1

Total Drawing Sheets::

16

inventor information

Inventor One Authority Type::

inventor

Primary Citizenship Country:

US

Status::

Full Capacity

Given Name::

John

Family Name::

Gavan

City of Residence::

Colorado Springs

State or Province of Residence:: CO

Country of Residence::

US

Street::

1624 N. Cascade Avenue

City::

Colorado Springs

State or Province::

CO

Country::

US

Postal or Zip Code::

80907

Inventor Two Authority Type::

Inventor

Primary Citizenship Country:

US

Status::

Full Capacity

Given Name::

Kevin

Family Name::

Paul

Page 1 Supplemental 10627033 07/24/03 03/14/05

City of Residence:: Colorado Springs

State or Province of Residence:: CO

Country of Residence:: US

Street:: 660C Autumn Crest Circle

City:: Colorado Springs

State or Province:: Colorado

Country:: US

Postal or Zip Code:: 80919

Inventor Three Authority Type:: Inventor

Primary Citizenship Country: US

Status:: Full Capacity

Given Name:: Jim

Family Name:: Richards

City of Residence:: Omaha

State or Province of Residence:: NE

Country of Residence:: US

Street:: 2613 N. 103 Court

City:: Omaha

State or Province:: NE

Country:: US

Postal or Zip Code:: 68134

Inventor Four Authority Type:: Inventor

Primary Citizenship Country: US

Status:: Full Capacity

Given Name:: Charles

Middle Name::

Family Name:: Dallas

City of Residence:: Colorado Springs

State or Province of Residence:: CO
Country of Residence:: US

Page 2 Supplemental 10627033 07/24/03 03/14/05

Street:: 4945 Old Farm Circle

City:: Colorado Springs

State or Province:: CO

Country:: US

Postal or Zip Code:: 80917

Inventor Five Authority Type:: Inventor

Primary Citizenship Country: US

Status:: Full Capacity

Given Name:: Hans

Family Name:: Van Arkel

City of Residence:: Colorado Springs

State or Province of Residence:: CO Country of Residence:: US

Street:: 4125 Brigadoon Lane

City:: Colorado Springs

State or Province:: CO
Country:: US

Postal or Zip Code:: 80909

Inventor Six Authority Type:: Inventor

Primary Citizenship Country: US

Status:: Full Capacity

Given Name:: Cheryl

Family Name:: Herrington
City of Residence:: Monument

State or Province of Residence:: CO
Country of Residence:: US

Street:: 19086 Doewood Circle

City:: Monument

State or Province:: CO
Country:: US

Page 3 Supplemental 10627033 07/24/03 03/14/05

Postal or Zip Code::

80132

Inventor Seven Authority Type::

Inventor

Primary Citizenship Country:

US

Status::

Full Capacity

Given Name::

Saralyn

Family Name::

Mahone

City of Residence::

Colorado Springs

State or Province of Residence:: CO

۲n

Country of Residence::

US

Street::

7220 Janice Place

City::

Colorado Springs

State or Province::

CO

Country::

US

Postal or Zip Code::

80920

Inventor Eight Authority Type::

Inventor

Primary Citizenship Country:

US

Status::

Full Capacity

Given Name::

Terrell

Middle Name::

J

Family Name::

Curtis

City of Residence::

Pueblo West

State or Province of Residence:: CO

us

Country of Residence::

660 W. Capistrano Avenue

Street:: City::

Pueblo West

State or Province::

CO

Country::

US

Postal or Zip Code::

81007

Inventor Nine Authority Type::

Inventor

Page 4 Supplemental 10627033 07/24/03 03/14/05

Primary Citizenship Country:

US

Status::

Full Capacity

Given Name::

James

Middle Name::

J

Family Name::

Wagner

City of Residence::

Larkspur

State or Province of Residence:: CO

.

Country of Residence::

US

Street::

2796 Landers Drive

City::

Larkspur

State or Province::

CO

Country::

US

Postal or Zip Code::

80118

Correspondence Information

Correspondence Customer Number::

25537

Representative Information

Representative Customer Number:

25537

Domestic Priority Information

Application::

Continuity Type::

Parent Application:: Parent Filing Date::

This Application

Continuation of

08/928,851 09/12/97

Assignee Information

Assignee Name::

MCI Communication Corporation

Street::

1133 19th Street NW

City::

Washington

State or Province::

DC

Postal or Zip Code::

20036